FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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	May :	17	2004	
	REAL PROPERTY.	155		

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVAL			
OMB Number:	3235-0076			
Expires: May 31, 200				
Estimated avera hours per res	ge burden ponse16.00			
SEC	USE ONLY			
Prefix Serial				
DATI	E RECEIVED			

Name of Offering (Dicheck if this is an amendment and name has changed, and indicate change.)
TeaLeaf Technology, Inc., Series D Financing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Section 4(6) ULOE
Type of Filing: New Filing
A. BASIC IDENTIFICATION DATA AND DESCRIPTION OF THE PART OF THE P
1. Enter the information requested about the issuer.
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) TeaLeaf Technology, Inc. (fka: DejaCube, Inc., fka: BlackBox Software, Inc.) 04029864
Address of Executive Offices (Number and Street, City, State, Zip Code) 425 Market Street, Suite. 500, San Francisco, California 94105 Telephone Number (Including Area Code) (415) 932-5033
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business Web application management solution
Type of Business Organization PROCESSED
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed ☐ other (please specify): ☐ MAY 1 9 2004.
business trust limited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: Month Year

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	, , , , , , , , , , , , , , , , , , , 			4.	
		A. BASIC IDENTI	FICATION DATA		
Enter the information re Each promoter of the		llowing: has been organized within the p	ast five years;	· · -	
-		o vote or dispose, or direct the	-	more of a class of eq	uity securities of the issuer;
 Each executive office 	er and director of cor	porate issuers and of corporate	general and managing partners	s of partnership issue	ers; and
Each general and ma	anaging partner of par	tnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		-		
Rebecca Ward					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
c/o TeaLeaf Technology In	ic., 425 Market Sti	reet, Suite 500, San Franci	sco, CA 94105		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Robert Lisbonne	ŕ				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
c/o Matrix Partners, 2500	•				
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Bill Elmore					
Business or Residence Addr		· -			
c/o Foundation Capital, 70					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Robert Wenig					
Business or Residence Addr	•	•			
c/o TeaLeaf Technology In	ıc., 425 Market Sti	reet, Suite 500, San Franci	sco, CA 94105		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	□ Director □ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Alfred Chuang					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
c/o TeaLeaf Technology In	ıc., 425 Market Stı	reet, Suite 500, San Franci	sco, CA 94105		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Robert Williams	if individual)				
Business or Residence Addr	ress (Number and S	treet City State Zin Code)			
10600 North DeAnza Boul					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				irianaging i activi
Jayaram Bhat					
Business or Residence Addr		•			
c/o TeaLeaf Technology Ir	ıc., 425 Market Str	reet, Suite 500, San Franci	sco, CA 94105		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Matrix Partners VI, L.P. a	nd affiliates				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)	-		
Bay Colony Corporate Cer	nter, 1000 Winter	Street, Suite 4500, Waltha	m, MA 02451		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	A R	SIC IDENTIFI	CATION DATA		
2. Enter the information request	the same of the sa		CATIONDATA		
 Each promoter of the issue 	r, if the issuer has been organi	-	•		
	ng the power to vote or dispos		-		
	director of corporate issuers a g partner of partnership issuers		neral and managing partners	of partnership issue	rs; and
			C Face C a Office		
Check Box(es) that Apply:	Promoter	cial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)			· · · · · · · · · · · · · · · · · · ·	istanaging I artifel
Foundation Capital II, LP and a	•				
Business or Residence Address (N		ate, Zip Code)			
70 Willow Road, Suite 200, Men	lo Park, CA 94025				
Check Box(es) that Apply:	Promoter Benefic	cial Owner	☐ Executive Officer	☐ Director	General and/or
		·			Managing Partner
Full Name (Last name first, if indi					
JP Morgan Direct Venture Capi			ates		
Business or Residence Address (N	•	ate, Zip Code)	•		
C/o 522 Fifth Avenue, 13th Floor					
Check Box(es) that Apply:	Promoter	cial Owner	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if indi	vidual)				Managing Partner
SAP Aktiengesellschaft and affil					
Business or Residence Address (N		ate, Zip Code)			
c/o Neurottstrasse 16, D-69189 V	•	, 1			
		cial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if indi	·				
Bay Partners X, L.P. and affiliat					
Business or Residence Address (N	· · · · · · · · · · · · · · · · · · ·	ate, Zip Code)			
Charle Box(co) that Amelia		ai-1 O	C E	☐ Director	☐ C11/
Check Box(es) that Apply:	Promoter	cial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
	,				
Business or Residence Address (N	lumber and Street, City, St	ate, Zip Code)			
Check Box(es) that Apply:	Promoter Benefic	cial Owner	Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address (N	humbar and Ctreat City Ct	oto Zin Codo)			
dustriess of Residence Address (N	fulliber and Street, City, St	ate, Zip Code)			
Check Box(es) that Apply:	Promoter Benefi	cial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply.	Fromoter Belleti	ciai Ownei į	Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address (N	lumber and Street, City, Sta	ate, Zip Code)			
			<u> </u>		
Check Box(es) that Apply:	Promoter	ial Owner	Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address (N	Sumber and Street City Str	ate Zin Code)			
Pasificas of Ivestactice Madress (IA	amor and succi, City, Sti	ace, was cours			

				В. Т	NFORMA'	TION ABO	UT OFFE	RING	age sår en en			
<u></u>		u' ini u p					X				Yes	No
1. Has th	e issuer solo	l, or does th	e issuer inte		to non-accr wer also in			_				☒
2. What i	is the minim	um investm	ent that wil	l be accept	ed from any	y individual	!?				\$ <u>N/A</u>	
3. Does t	he offering	permit joint	ownership	of a single	unit?						Yes ⊠	No □
4. Enter comm offering with a	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)											
Full Name	(Last name	first, if indiv	vidual)									
Business or	Residence	Address (N	umber and S	Street, City	, State, Zip	Code)						
Name of A	ssociated Br	oker or Dea	der									
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check "	'All States"	or check inc	dividuals St	ates)	• • • • • • • • • • • • • • • • • • • •			•••••			🔲 A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indiv	vidual)									
Business or	r Residence	Address (Ni	umber and S	Street, City	, State, Zip	Code)						
Name of A	ssociated Br	oker or Dea	ler				·					
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check '	'All States"	or check inc	lividuals St	ates)							🔲 А	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indiv	vidual)									
Business or	r Residence	Address (N	umber and S	Street, City	, State, Zip	Code)						
Name of A	ssociated Br	oker or Dea	ller									
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers						
(Check '	'All States"	or check ind	dividuals St	ates)							🗆 А	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Ī	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		
	Type of Security	Aggregate Offering Price		ount Already Sold
	Debt	\$	_ <u>\$</u>	····
	Equity	\$	\$.	
	☐ Common ☐ Preferred	\$ 8,000,000.00	\$ 8,0	000,000.00
	Convertible Securities (including warrants)	\$	<u>\$</u>	
	Partnership Interests	\$	\$	
	Other (Specify)	\$	\$	
	Total	\$ 8,000,000.00	\$ 8,	00.000,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offerin and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	f		Aggregate
		Number Investors	Do	llar Amount of Purchase
	Accredited Investors	_ 8	\$ 8,0	00.000,000
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities soloby the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Do	llar Amount
	Type of Offering	Security	Ъ	Sold
	Rule 505	N/A	\$	N/A
	Regulation A	N/A	\$	N/A
	Rule 504	N/A	\$	N/A
	Total	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate.	y		
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees	\boxtimes	\$ 3	30,000.00
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		<u>\$</u>	
	Total	lacktriangle	\$ 3	30,000.00

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	s	
	total expenses furnished in response to Part	offering price given in response to Part C — Questic C — Question 4.a. This difference is the "adjuste	ed gross	\$	7,970,000.00
i.	of the purposes shown. If the amount for any	s proceeds to the issuer used or proposed to be used purpose is not known, furnish an estimate and check yments listed must equal the adjusted gross proceed in 4.b above.	the box		
	·		Officer	yments to s, Directors & Afiliates	Payments to Others
	Salaries and fees		🗆 💲		\$
	Purchase of real estate		S_	□	\$
	Purchase, rental or leasing and installation of m	achinery and equipment	S_		\$
	Construction or leasing of plant buildings and f	acilities	🔲 💲		\$
		value of securities involved in this offering that may		_	_
	· ·	of another issuer pursuant to a merger)			
	• •				
	• •		L] \$_	×	\$ <u>7,970,000.00</u>
			 _		
					\$
	Column Totals		S_	🛛	\$ <u>7,970,000.00</u>
	Total Payments Listed (column totals added)		[2	₹ \$7,970,00	0.00
		D. FEDERAL SIGNATURE			
ፐኑ	e issuer has duly caused this notice to be signed	by the undersigned duly authorized person. If this	notice is filed	under Rule 505	the following
sig	nature constitutes an undertaking by the issuer	to furnish the U.S. Securities and Exchange Comm	nission, upon v		
ini	formation furnished by the issuer to any non-accr	edited investor pursuant to paragraph (b)(2) of Rule 5	502.		
_		· · · · · · · · · · · · · · · · · · ·		B.	
Te	aLeaf Technology, Inc.	Signature VIII		Date May 10, 2004	
		Title or Signer (Print or Type) President and Chief Executive Officer			
N	esecta ward	Tesident and Chief Executive Officer			
		ATTENTION			
	Intentional misstatements or or	nissions of fact constitute federal criminal violatio	ns. (See 18. I)	J.S.C. 1001.)	

		E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 p	resently subject to any of the disqualification provisions of suc	Yes No ch rule? □ ⊠								
	See Appendix, Column 5, for state response.										
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrators, upon written request,	information furnished by the issuer to)							
4.		issuer is familiar with the conditions that must be satisfied which this notice is filed and understands that the issuer clain ditions have been satisfied.									
	e issuer has read this notification and knows y authorized person.	the contents to be true and has duly caused this notice to be s	igned on its behalf by the undersigned	i							
	uer (Print or Type) aLeaf Technology, Inc.	Signature USCC	Date May 0, 2004								
	me (Print or Type) pecca Ward	Title (Print or Type) President and Chief Executive Officer									

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1_		2	3			4		T	5
	non-acc invest	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ						<u> </u>	·		
AR									
CA		x	Series D Preferred Stock	4	\$5,198,909,01	N/A	N/A		X
со								<u> </u>	
СТ									
DE									
DC				<u> </u>					
FL	<u> </u>						· .		
GA									
н	<u> </u>								
ID	ļ							<u> </u>	ļ
IL.	<u> </u>								
IN	ļ			<u> </u>					
IA	ļ	<u> </u>		<u>.</u>				<u> </u>	
KS						 	_ 		
KY	ļ							ļ	
LA								<u> </u>	
ME	 								
MD									
MA		_ x	Series D Preferred Stock	4	\$ 2.801.091.15	N/A	N/A		X
MI	<u> </u>								<u> </u>
MN	<u> </u>	<u> </u>						ļ	
MS	ļ	<u> </u>							<u> </u>
МО	ļ								
МТ							·		
NE									
NV		_							

APPENDIX

Intend to sell to non-accredited investors in State (Part B-Hem 1) State Yes No No No Non-Accredited Investors Non-Accredited Non-Accredited Non-Accredited Non-Accredited	5		4			3	2	1 2	1
State Yes No Accredited Investors Amount Non-Accredited Investors Amount NH Image: Control of the	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		chased in State C-Item 2)	amount pur		aggregate offering price offered in state	credited tors in ate	non-acc invest Sta	
NI	Yes No	Amount	Non-Accredited	Amount	Accredited		No	Yes	State
NM								[NH
NY									NJ
NC ND ND O OH O OK O OR O PA O RI O SC O SD O TN O TX O VT O									NM
ND OH OH<									NY
OH OK OK OR									NC
OK OR									ND
OR PA PA PA RI PA SC PA SD PA TN PA TX PA UT PA VT <									ОН
PA RI RI SC SD SD TN TX UT VT									ок
RI									OR
SC SD SD TN TX TX UT VT									PA
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WY									WY
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GUNDERSON DETTMER

GUNDERSON
DETTMER
STOUGH
VILLENEUVE
FRANKLIN &
HACHIGIAN, LLP

May 11, 2004

Via Certified Mail
Return Receipt Requested

Department of Corporations 1390 Market Street Fox Plaza, Suite 810 San Francisco, CA 94102

Re: Tealeaf Technology, Inc. - Series A Preferred Stock Financing

Ladies and Gentlemen:

Pursuant to Section 25102.1(d) of the California Corporations Code, and in reliance on the exemption from registration provided by Regulation D, Rule 506 and Section 18(b)(4)(D) of the Securities Act of 1933, as amended, enclosed for filing on behalf of Tealeaf Technology, Inc. please find (i) one manually signed Form D as filed with the SEC pursuant to Regulation D of the Securities Act of 1933, as amended, (ii) a check in the amount of \$150.00 for the filing fee, and (iii) an originally executed consent to service of process.

Upon receipt of this filing, kindly file-stamp the additional copy of the Form D and return it to the undersigned in the courtesy envelope provided for your convenience. Should you have any questions, please call the undersigned at (650) 463-5296. A collect call will be accepted.

Very truly yours,

Mario Scussel Corporate and Securities Clerk

Enclosures